

SCHEDULE D
OUT-OF-STATE TOBACCO
PRODUCTS SALES
 ATTACH TO REV-679

SECTION I SELLER INFORMATION

Account Number	Period (MM/YY - MM/YY)	FEIN	SSN	Due Date (MM/YY)	
Name or Business Name					
Street Address					
City				State	ZIP Code

SECTION II SMOKELESS TOBACCO

BUSINESS NAME AND ADDRESS	STATE	INVOICED SMOKELESS TOBACCO SALES	TOTAL NUMBER OF UNITS/OZ.

SECTION III ROLL-YOUR-OWN/SMOKING TOBACCO

BUSINESS NAME AND ADDRESS	STATE	INVOICED SMOKELESS TOBACCO SALES	TOTAL NUMBER OF UNITS/OZ.

SECTION IV E-CIGARETTES/E-CIGARETTE PRODUCTS

BUSINESS NAME AND ADDRESS	STATE	INVOICED E-CIGARETTE/ E-CIGARETTE PRODUCTS	TOTAL PURCHASE PRICE

Email reports and appropriate schedules to: ra-rvbtftop@pa.gov